

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****May 04, 2001 8:00 am**  
**Secretary of State**

05-04-2001 90021 004 \*\*\*\*70.00

**DOCUMENT # N94000000745**

1. Entity Name

**SOUL REAPERS, INC.**

Principal Place of Business

**1611 NW 12TH AVE  
R312 A&B  
MIAMI FL 33136  
US**

Mailing Address

**P O BOX 640100  
N MIAMI BEACH FL 33164-0100  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**65-0469363**

Applied For

Not Applicable

5. Certificate of Status Desired ☒ **\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LOPEZ, PANSY  
2291 N W 90TH STREET  
MIAMI FL 33147**

Name

**HARRIS, JEANNETTA**

Street Address (P.O. Box Number is Not Acceptable)

**5910 N.W. 21ST AVENUE**

City

**MIAMI****FL**Zip Code  
**33142**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

*Jeannetta Harris***HARRIS, JEANNETTA****04-25-01**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:  
FEE IS \$61.25**9. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00** May Be  
Added to Fees**Make Check Payable to  
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|  |  |                                 |
|--|--|---------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br><b>FERGUSON, CLEVEION JR</b><br><b>6532 FLETCHER ST</b><br><b>HOLLYWOOD FL 33023</b> | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br><b>FERGUSON, JOYCELYN</b><br><b>6532 FLETCHER ST</b><br><b>HOLLYWOOD FL 33023</b>    | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>DS</b><br><b>LOPEZ, PANSY</b><br><b>2291 N W 90TH STREET</b><br><b>MIAMI FL 33147</b>         | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete |

|  |  |  |
|--|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>DIRECTOR / SECRETARY</b><br><b>HARRIS, JEANNETTA</b><br><b>5910 N.W. 21ST AVENUE</b><br><b>MIAMI, FL. 33142</b> | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>DIRECTOR</b><br><b>LOPEZ, PANSY</b><br><b>2291 N.W. 90TH STREET</b><br><b>MIAMI, FL. 33147</b>                  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:***Cleveion Ferguson Jr.***FERGUSON, CLEVEION JR.****04-25-01****954-985-3896**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)